

Last Name _____

First Name _____

Today's Date _____ - _____ - 10
Month Day

Please Check Below

- I have previously attended your program.
- My name, address or phone has changed.

WESTPORT CONTINUING EDUCATION REGISTRATION FORM • WINTER/SPRING 2010

REGISTER ONLINE

www.westportcontinuinged.com



MAIL



Westport Continuing Ed
70 North Avenue
Westport, CT 06880

FAX



341-1218

IN PERSON



Staples High School
Room 1040
70 North Avenue
Westport, CT 06880

PHONE



341-1209

Home Address _____

No. Street

City

State

Zip

Work Phone _____

Home Phone _____

Cell Phone _____

Email address _____

Senior Citizen (62 or older) YES _____



Registrants in Grades K-12 Complete This Section:



Grade _____ Date of Birth _____ Age _____ School _____

Names of Parents or Guardians _____

Emergency Contact Person _____

List Health Problems _____ Allergies _____ Medications _____

Child's Doctor's Name _____ Phone _____

REGISTRATION CONTINUED ON THE BACK OF THIS PAGE

